

APPLICATION FOR LICENSURE COVER LETTER

South Dakota Board of Social Work Examiners

I hereby apply to be considered for licensure by the South Dakota State Board of Social Work Examiners. I understand that South Dakota requires passing of the ASWB Examination at the appropriate level of licensure.

I have enclosed the level appropriate non-refundable application fee and examination fee (if applicable) that covers the processing of my application and examination. (Check or money order should be payable to SD Board of Social Work Examiners.) CSW-PIP candidates must send two separate checks.

I understand that if I have already obtained a passing score on the ASWB exam and hold a current license in another state or Canadian Province, the exam may be waived upon meeting South Dakota requirements.

I understand that if I wish to sit for the ASWB exam, the Board must have approved my completed application. I understand that I will not be permitted to sit for the exam until my credentials are received and approved by the Board. After approval of my application, the board office will notify the testing company. I will need to contact ASWB to schedule an appointment to sit the exam. (See Instruction/Checklist Sheet)

I have requested official transcripts to be sent directly to the Board office from the college/university from which I graduated with my highest degree.

I understand that at the discretion of the Social Work Board I may be asked to furnish additional credentials or documentation.

I have read South Dakota Codified Law 36-26 and Article 20:59 (either enclosed in your application packet or you may access at www.state.sd.us/dhs/boards/socialwork.)

I understand that once I become licensed as a CSW and wish to obtain CSW-PIP licensure, my supervision /supervisor must be approved prior to beginning supervision.

I understand the Board meets approximately every 90 days and all application materials and supporting documentation must be received a minimum of 30 days prior to the next scheduled Board meeting if application requires full board approval.

I (have) (have not) made a previous application to the South Dakota State Board of Social Work Examiners. I declare and affirm under penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature _____ Date: _____